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CLIMACTERIC DISEASE.

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It is the duty of physicians at all times to endeavor to correct errors in their profession, as well as to communicate facts in relation to the cure of disease ; and on this account I am induced to make a few remarks on a form of medical superstition which still obtains many adherents. There can be but little doubt that the idea still prevails, to a certain extent, with the people, and even with the enlightened portions of the community, as well as with many physicians, that at every seventh year, which is called the climacteric year, the body undergoes an entire renovation, and that great and important changes take place at that time. These are called critical periods, or climacterics, and they are said to occur at the ages of 7, 14, 21, 28, 35, 42, 49, 56, 63, &c. The age of 63 is called the grand climacteric, or critical period of great danger, at which the greatest change in human life is supposed to occur. The multiplication of 9 by 9, which makes 81, is supposed to be another grand climacteric.

Dr. Darwin says—" Ignorance and credulity have ever been companions, and have misled and enslaved mankind. Philosophy has in all ages endeavored to oppose their progress and to loosen the shackles they have imposed. Philosophers have on this account been called unbelievers ; unbelievers of what ? Of the fictions of fancy, of witchcraft, hobgoblins, apparitions, vampyres, fairies—of the influence of stars on human actions, miracles wrought by the bones of saints, the flights of ominous birds, the predictions from the bowels of dying animals, expounders of dreams, fortune tellers, conjurors, modern prophets, necromancy, cheiromancy, animal magnetism, with an endless variety of folly." To which I may add, the royal touch, the touch of a dead man's hand, spiritual intercommunications, eclecticism or Thomsonism revived, homœopathy, hydropathy, phrenology, as exclusive systems of medical practice, and a whole round of empiricism needless to enumerate, to which the indolent and crafty resort to get rid of the toil and labor of pro-

curing regular professional knowledge. These may all be placed on a par with the belief in climacterics. "These," continues Dr. Darwin, "philosophical physicians have disbelieved and despised, but have ever bowed their heads to hoary Truth and Nature."

As it is the subject of individual climacteric years, in which many intelligent men of the present day express their belief, it shall be my object to expose the fallacy of such a belief. This opinion has been prevalent in connection with the subject of vaccination. In the early days of inoculation many people expressed their fears that its efficacy would not extend beyond seven years, or further than any climacteric year, and that the human body did not then consist of the same particles of matter as before. True it is that great changes take place in the system at the age of puberty, which occurs at different periods in this climate; and also at the change of life in women, which also occurs at various periods, from 45 to 55. That the cowpox acts with diminished power, as the subject advances in life, is now acknowledged by all who have thoroughly examined the subject, and the same is also true in relation to the smallpox, hooping cough and numerous other contagious diseases; but it has nothing to do with the climacteric disease in question. It however suggests the great importance of frequent re-vaccination.

The subject of age, however, demands some attention in the history of the human economy. By the laws of the land, certain periods are prescribed, before which a child shall not be deemed guilty of certain crimes. For instance, a male child is supposed not capable of committing a rape before the age of 14. There are, however, cases on record of children arriving at puberty at a very early age. Some cases are recorded of boys attaining it at the age of 4 and even younger. But these cases are rare. Others, again, arrive at that period in from 8 to 10 years. A case occurred at Paris, where a woman attributed her pregnancy to a boy 10 years old. It may be a subject of consideration whether the powers of the individual should not be taken into account, rather than the age.

The subject of age seems particularly to have attracted the attention of the ancients, who divided the life of man into several climacterics or periods. They supposed, as I have stated above, that the human body underwent a radical change once in seven years; that is, by the constant absorption going on in the body, every part was completely taken up in seven years, and carried off by the absorbents, and a new deposition of animal matter succeeded to supply the loss or want which it then sustained. Tullius, King of Rome, divided age into infancy (which was under 7 years); childhood, from 7 to 14; youth, from 14 to 21; manhood, from 21 to 46; old age, from 46 to 70; and from that time till death he called decrepitude. Many of the moderns have adopted this division, though most of them vary. After the age of 60, in England and in some parts of the United States, men are not obliged to serve on juries. The age of 63 is the first grand climacteric, and is supposed to be a critical

age. It has been ably described by Sir Henry Halford, with its incidental climacteric disease, some account of which may be found in Good's Study of Medicine, and in Copland's Medical Dictionary. This disease occurs between the ages of 50 and 75, but more frequently about the age of 63. After 65, men *usually* cease to procreate, but there are some exceptions. *Seventy years* is the scriptural limit of life, though there are, especially of late, many exceptions, and it is supposed that the average of old age has increased. Only 1 in 15,000, however, reaches 100 years; nor is the age of 81 (the second grand climacteric) often attained.

Infancy, in the acceptation above laid down, may comprehend childhood and youth, though many think that youth extends to the age of 28. The period allowed to manhood, undoubtedly, in this climate, is by far too short. The mental faculties are often as bright at 70, the time at which decrepitude is said to take place, as at any period of life; and, perhaps, the judgment is not more matured and perfect at any period, provided a man enjoys good health, than at 60. After all that has been said upon the subject, it seems that no other division of age is necessary than that which is naturally suggested in the rise and decline of life.

I have but few statistics to prove the correctness of my belief that there are no more deaths in the supposed climacteric years than in any others, and at present can only give those of the town of Deerfield, in Massachusetts, accurately kept for a period of sixty-six years. These statistics commence in 1787, and terminate in 1852. The whole number of deaths there in that time was 1531. Of these, 216 were under 1 year, and 16 were between 90 and 100 years of age. I give a little table from these deaths of those who have died during their climacteric years, and the years preceding and succeeding them:—

At seven years,	11	At six	10	At eight	5
fourteen	5	thirteen	7	fifteen	5
twenty-one	20	twenty	9	twenty-two	14
twenty-eight	7	twenty-seven	10	twenty-nine	11
thirty-five	9	thirty-four	8	thirty-six	8
forty-two	9	forty-one	6	forty-three	5
forty-nine	3	forty-eight	10	forty-nine	17
fifty-six	5	fifty-five	7	fifty-seven	9
sixty-three	3	sixty-two	10	sixty-four	12
seventy	23	sixty-nine	12	seventy-one	11
seventy-seven	15	seventy-six	16	seventy-eight	17
eighty-one	6	eighty	18	eighty-two	10
Total	116		123		124

The above table shows that the climacteric years in Deerfield have been less fatal than those immediately preceding and succeeding them, and this I think will hold equally true in other places. So there seems to be but little fear of special danger from these supposed fatal years.

UNUSUAL EFFECTS FROM THE USE OF THE SPIGELIA  
MARILANDICA.

[Communicated for the Boston Medical and Surgical Journal.]

I WAS called, on the 10th of January, to visit Mary B., aged 4 years. She had been indisposed several weeks. Her principal symptoms had been irregular appetite, which at times was voracious, then entirely wanting. Sleep disturbed by grating of the teeth and frequent startings. Bowels costive, and frequently tumid and hard. Tongue furred, and breath offensive. A circumscribed red spot was frequently observed on one or both cheeks. When I first saw her, she had slight febrile symptoms, which had lasted a day or two.

My diagnosis was irritation from worms. Ordered a cathartic of castor oil, with twenty drops spts. turpentine.

The next day, an infusion prepared with 3 ij. spigelia Marilandica, in three gills of boiling water, was to be given in eight equal doses, at intervals of two hours, to be followed by a cathartic of infusion of senna. For some reason the medicine was not commenced until the 12th. After the third dose had been given, I was requested to see the patient, on account of the "strange effect" the pink had. I saw her at 5, P.M. The skin was hot and dry; pulse 110, and irregular; the face, especially about the eyes, including the lids, much swollen; pupils widely dilated. Strabismus of the right eye; a peculiar wild, staring expression of the eyes, giving the countenance a very singular—in fact ludicrous, appearance. Yet the intellect seemed to be perfect. The tongue was very pointed and tremulous. On attempting to assume the erect position, the patient would be seized with a general tremor, which would pass off in a few seconds, and leave her, apparently, quite exhausted. Ordered the spigelia to be discontinued. Prescribed five grains of calomel, to be followed in three hours by a dose of castor oil; after the operation of which, the patient to be immersed in a warm bath. The next morning, all the alarming symptoms, with the tumefaction of the eyelids, had disappeared. The oil operated about 1 o'clock, bringing away three *lumbricoides*, each about eight inches in length, after which the patient rested well the remainder of the night. All the symptoms for which I prescribed, also immediately disappeared, and the patient has since enjoyed excellent health.

I should have remarked that the spigelia, used in this case, was part of a pound of root which I obtained of a reputable druggist, and from which I had prescribed in several cases before, without any disagreeable consequences. It seems to me that a medicine which is capable of producing such alarming symptoms, should be used with much more caution than is generally done, *especially* in *domestic* practice.

G. W. SPALSBURY.

Joy, Wayne Co., N. Y., Feb. 16, 1855.

## SOME HINTS ON THE TREATMENT OF THE DISTEMPER IN DOGS.

[Communicated for the Boston Medical and Surgical Journal.]

HAVING been for years convinced that many valuable animals, horses and dogs, have been sacrificed to over-medication—particularly to the too free use of the lancet, and purging bolus—I have written the following lines, in the hope, in so far at least as the treatment of one disease goes, to induce some change in that particular. I do not intend to enter into any description of the disease, which will be found fully given in "Youatt on the Dog." I do not go into the treatment of the complications which may arise during the course of the disease, as I have nothing new to say on that part of the subject, farther than that I am entirely convinced that these complications, when arising in the course of the disease under consideration, are not benefited by depletion at all in proportion to the acute diseases which they simulate. In fact, I never recommend depletion except in a few cases at the very outset of the invasion, and that in a very moderate degree, but depend upon *vesicatoires volantes* in thoracic inflammation, and with the addition of vegetable astringents and opiates in the dysenteric complications.

From being a dog-owner as well as a medical man, I have been very frequently consulted in cases of disease in dogs, particularly in that curious disease called distemper, and as my ideas with regard to the nature of the affection and consequently of its treatment are somewhat peculiar, and as I think success (so far at least as the successful issue of a limited number of cases can be called success), has shown me to be correct, I shall make no apology for stating my views of what I consider to be the true theory and practice of this disease. Distemper is a disease of a low type, marked by debility as one of its most prominent characteristics. This I think is shown, first, by its obvious symptoms, both of invasion and advance, viz., chilliness, loss of appetite, rapid loss of strength and flesh, ulceration of cornea, &c. ; secondly, that it comes on often as a consequence, apparently, of low feeding, also after debilitating diseases or those in which debilitating treatment has been employed, bleeding, mercurials internally and by inunction—in short, anything by which the general tone of the system has been reduced ; third, its much greater fatality in very young or old dogs ; fourth, its greater fatality in dogs not acclimated. Youatt, to whom I refer you for a description of the disease, says—"Should a foreign dog be affected by it, he almost certainly dies." Lastly, its resemblance, in its invasion and in some of its stages, to the hay-fever of the human family, which is evidently characterized by debility, as is shown by the fact that a tonic treatment is the best both as a prophylactic and a curative means.\* The whole mucous membrane is liable to be

\* Hay fever may, to be sure, attack persons not wanting in general vigor, apparently owing to some individual susceptibility to the irritation of the local contact of the pollen or other peculiar floral emanation ; nevertheless, quinine and other tonics seem to answer best even in these cases.

affected by the extension of the disease, and therefore we may have complications in its course which resemble some acute inflammation, as pneumonia, dysentery, conjunctivitis, &c., but this seems to be merely from the locality affected, and not from the nature of the inflammation, which appears to have the same resemblance to true acute inflammation of the mucous membranes that erysipelatous inflammation does to the effect of a vesicating application to the skin.

Taking this view of the disease, I have been in the habit of treating it accordingly. In some cases, where the dog is naturally vigorous, I commence by giving from four to eight grains of calomel, with twice or three times as much powdered rhubarb as soon as this dose has operated ; or in other cases, as a commencing dose, I give from one to four grains of quinine, with from half a drachm to a drachm of gun-powder, repeating this dose every day, and sometimes twice a-day. Keep the animal in a dry and moderately cool place, with plenty of dry straw ; let him have bread and milk, or pudding made of Indian meal boiled in strong broth, almost in a liquid state ; let him have the sun to bask in, and if the weather is good, take him out for a short time to walk, or, if he is too ill, let his kennel be well aired every day. My reason for giving the gunpowder is on account of the nitre, 75 per cent. of which it contains, in order to stimulate the excretory organs, and to keep the bowels moderately open. I suppose that what small amount of charcoal and sulphur accompanies it, cannot have much effect one way or the other. I adhere to this more from habit than for any real or supposed advantage over simple nitre.

PHILOKUON.

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#### ON THE VITAL ENDOWMENTS OF NERVES.

[Continued from page 356, vol. 51.]

THE observations in the last article, enable us to estimate at their true value the experiments and reasonings of Sir Charles Bell, and the influence they have had on the subsequent progress of physiology. "The key to the system," says he, "will be found in the simple proposition, that each filament or track of nervous matter has its peculiar endowment, independently of the others which are bound up along with it ; and that it continues to have the same endowment throughout its whole length." Here was his fundamental error. Long previous to his time, it had been suspected, from the occasional occurrence of paralysis of motion without loss of sensation, and the reverse, that different nerves were somehow subservient to these different functions. But the old physiologists who held this notion did not, as a general thing, any the less believe that both motion and sensation were functions of the mind, and not of the nerves. To him it was left to transfer, by a single stroke of his pen, these powers, from the province of the mind, and locate them in the nerves, as functions, springing from these

imaginary vital endowments. And we look in vain in his works for any process of reasoning, grounded on physiological or psychological facts, to warrant the step. It was an assumption, neither more nor less; and it was an assumption, the necessity for which, it was incumbent on him to show, before he proceeded to experiment. Had he done this, his experiments would have been pertinent to prove *which* class of nerves were for motion, and *which* for sensation. But as they now stand, they prove nothing. It has been already shown, that though the anterior cords are, according to his experiments, subservient to motion, they are *indirectly* so; that they are not subservient to *all* motion; and that though the posterior cords are concerned in sensation, they are not *all* for sensation, something more than sensation being accomplished through their agency. Sir Charles, however, being fully impressed with the truth of his assumption, as soon as he found a class of nerves, the irritation of which was followed by muscular contraction; and another, the irritation of which was followed by signs of sensibility, sought no farther. He had found what he was looking after. He never stopped to inquire whether the contraction of the muscle on irritating the anterior cord might not be a particular instance of a more general fact; nor did he think of inquiring whether the sensibility exhibited was the *whole* function of the posterior nerve, but jumped at once to the conclusion with which his mind was previously magnetized. And in so doing, he overleaped the ganglion entirely. Or, if he allowed his thoughts to dwell on it for a moment, it was only to contemplate it as a sort of label, which the Creator had, in his generosity to perplexed physiologists, affixed to the sensitive nerves, to enable them to distinguish these from the motor. The size of the posterior being larger than the anterior cord, which subsequently suggested to Spurzheim the query whether the whole story was told in regard to the two classes of nerves, suggested nothing of the kind to him. Nor did the different degrees of obliquity, with which the fibres of the two cords enter the spinal column, nor the connection of the posterior with the cerebellum and the anterior with the cerebrum, unfold to his view any more extended system of relations.

It was in this way that he misled himself and physiologists generally. He saw a part of the truth, and mistook it for the whole. His system seemed to give an explanation of some pathological phenomena hitherto not understood, and soon began to be regarded with favor. Those cases of loss of motion where the motor nerve was sound, and the supposed sensitive nerve was divided, were plausibly explained by the loss of the guiding sensation. The anatomical contradiction contained in the distribution of a sensitive nerve largely to muscles, was met by the ingenious device of the nervous circle, which required a sensitive nerve to go to the muscle as well as a motor one. These being admitted, it became difficult to disprove it, were it false. It would naturally require time before authentic and well observed facts would

accumulate sufficient to overthrow it. And when that time came, the scientific were everywhere committed. The makers of physiological systems had arranged their statistics and constructed their works according to the principle of classification which this theory afforded them. The Reviews had promulgated it to the profession and to the world at large, as a fixed fact. And grave professors had stood sponsors for it before successive editions of the medical class in a thousand schools. A spirit of conservatism had arisen, sufficiently strong to antagonize the spirit of inductive philosophy. The question was not, what was the true meaning of a new fact, but how could it be *reconciled* to Sir C. Bell's doctrine. In addition to which, a species of sectional prejudice in the republic of letters, resisted all change. The rivalry between the nations of Europe in scientific discovery, had identified the national honor with this theory. British pride and British patriotism were interested in upholding it. And as British journalists claimed to dispense physiological facts and principles to all who read the English language, such facts could scarcely reach the mass of the profession until their obvious bearing and import had been explained away. "Cases have occurred," says Carpenter, "in which complete destruction of the anterior columns appeared to have taken place, without loss of motion in the parts below; whilst a similar destruction of the posterior columns has occurred without corresponding lesion of sensibility." Yet these cases have not been held as indicating the necessity for a wider and more comprehensive view of the nature of the office of the nervous system than Sir Charles Bell's theory presents.

We are told that we know not to what extent the nervous structure may be disorganized and its function continue. And we are gravely asked to believe, that the nervous influence, in its travels to and from the brain, can *jump across an inch or so of disorganized spinal marrow*, if it chance to meet with that amount of interruption of continuity.\* A better alternative is, to believe that a

\* At page 669 of the last American edition of his work, Dr. Carpenter refers to a "case recorded in the Medico-Chirurgical Transactions, vol. xxxiv., in which a portion of the cord, at least an inch long, situated opposite the third and fourth dorsal vertebrae, was so soft that the slightest pressure of the fingers broke it up, being nearly in a fluid state through its whole thickness; yet the patient felt pain in his lower limbs, showing that the power of *upward* transmission remained. And although he had lost all voluntary control over the muscles of the lower part of the body, yet they were affected with incessant choreic movements (which, as will be shown hereafter, Sect. 7, appears to originate in the sensory ganglia), and these movements were affected in such a manner by emotions as plainly to indicate the downward transmission of motor power."

And this case he makes use of, to render it probable that complete destruction of the anterior columns, without loss of motion and complete destruction of the posterior columns, without loss of sensibility, is no disproof of Sir Charles Bell's theory. Although it would amount to little, if he could prove that in this case there was an upward and downward transmission of sensitive and motor influence throughout the diseased portion, he is far from making it out. The seat of pain is not in the brain, but in the mind. The seat of emotion is not in the brain, or the sensory ganglia, but in the mind. Both pain and emotion affect the mind (as has been said before) more deeply than the range of those sensations and motions which the mind receives, and performs, through the instrumentality of the brain and the columns. And if the communication through the spinal marrow is cut off, it does not, therefore, follow that communication between above and below, through the mind, is also cut off; especially, if the former disruption takes place by a slow process of disease. Reflex movements, choreic or otherwise, are still, like all other movements, performed by the mind. They are those which the mind performs involuntarily, or without

theory which makes such a demand upon our faith, however well established it may be supposed to be, must be without foundation.

If any further proof is wanting of the erroneousness of these views, it may be derived from the absurd consequences that have followed them. A tree is known by its fruits. A scientific principle is seldom limited to the birth of a single discovery. It is pregnant with a generation: a progeny formed after the pattern types in nature, if true; a body of monstrosities if false. The favor with which the supposed discovery of Bell was received, gave popularity to the principle on which it was founded. If each fibre of the nerve has its specific endowment, then each ganglion or nervous centre has one also; each fibre of the cerebrum, cerebellum and spinal marrow, is similarly gifted; and a general search commenced to find these properties out.

Marshall Hall was the first to discover a series of movements, in which the muscles performing them were connected with the surface of sensitive impressions through the spinal marrow above. He therefore, consistently with this view, imagined a new endowment of this part, and a new set of fibres with specific powers to be set in operation by it. The term reflex was adopted to characterize this occult power; and was also found convenient to comprehend the phenomena. Had this word been used in this latter sense only, for the purpose of defining and enabling physiologists to reason respecting phenomena, of the nature of which they were ignorant, no objection could be made. But when a word which is definitive, or descriptive of one class of phenomena, is made the cause of another, then confusion must result. Hard words and scientific terms multiply, but they stand not for clear thoughts in the mind of the writer, and they cannot excite clear thoughts in the mind of the reader. The term reflex found synonyms in the words automatic, excito-motor, diastolic, &c. Great parts of speech, undoubtedly! But, like the unknown quantities in algebra, they yield nothing unless something known is substituted for them.

The conclusions of Marshall Hall were at first adopted by other physiologists. But as successive supposed discoveries of the same sort followed, it began to be suspected that the multiplication of nervous filaments necessary to carry out the hypothesis, would increase the size of the nerve to an extent which ocular inspection would not warrant. They therefore located the new specific properties in the centres, leaving the generic moving power in the nerves; so that the fibres were motor to all comers, and all the movements of the body were soon classified under the terms excito-motor, sen-

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consciousness of its volition. Emotions, we all know, extend so far as to produce perturbations of our involuntary, as well as of our voluntary movements. And it is by no means impossible, that by an inverse method, an obscure sense of pain may reach consciousness, when there has been no sudden break in its relations. Certainly, it is the part of wisdom to believe this, rather than to believe a theory which takes away all meaning from organization; which makes a function to grow out of vital endowments of a part, and which holds on to the function after the part ceases to exist. Besides, there is reason to believe that the feeling of pain is more connected with the central portion of the spinal marrow than any other part. And in the case in question, this portion was healthy for a great extent below the seat of lesion.

sori-motor, emotional-motor, ideo-motor, volitional-motor, according to the several centres from which they originate. It must be confessed that this arrangement has one advantage, at least, to recommend it to popular belief. It looks (to use a nautical phrase), it looks ship-shape. The nervous filament, like the common sailor, stands ready to obey the orders of each and every one of his superior officers. As he is motor to the excitor-midshipman, to the sensori 3d, to the emotional 2d, to the ideo 1st lieutenants, and to the volitional captain, the only man on board who has a will of his own, so is the filament to the excitor marrow, to the sensory ganglia, to the idea-generating cerebrum, and to the willing head at large.

Pursuing the same course of reasoning, if all those operations by, which the mind was formerly supposed to maintain its relations with the outward world, are only reflex operations of nervous ganglia, why may not *all* the operations of the mind be dependent on a similar mechanism? The brain, in the vastness of its unexplored depths, furnished room for any number of reflex or automatic actions. If nobody could see how, why or wherefore these resulted in mental processes, nobody could see how, why or wherefore they did not, and this was evidence enough. Accordingly it was soon found that perception and judgment, memory, fancy and imagination, passions and emotions, moral feelings and sentiments, were simply the results of the reflex operations of the brain. All this seemed plausible. But the affair grew somewhat awkward towards the close. Materialism was eschewed by this school. Something clearly, purely psychical must be developed, or strange suspicions would arise. A distinction must be made, though without a difference, even though it broke the unity of the plot. This distinction was made in favor of the will. The will was not dependent on the brain, though consciousness was. The will was permitted to rear itself unscathed, in solitary grandeur, above the wreck of mind and crash of metaphysics. Will without perception—will without memory—will without passion, hope, fear or remorse, was soul; and might reasonably expect a blessed immortality. And this is styled by its learned author a compromise, a splitting the difference between spiritualism and materialism.

Such were the consequences of the abuse of the term reflex—a term which was legitimately used, only when it was made to define a class of phenomena the nature of which was not understood. Had it been confined to this limitation, no harm as aforesaid would have arisen from it. But when it became expressive of a vital endowment of a nervous centre, and was subsequently transferred to other centres to express *their* supposed endowment, there was no stopping place until all the powers of the mind were absorbed. From being a definition of an effect, it became descriptive of cause. And as no definite idea of the nature of that cause could be reached by our limited faculties, the term itself became cause, and soon formed our whole notion of it.

I need not remind the reader, that in the foregoing remarks I

have had in view chiefly the two hundred or more pages of the last edition of Dr. Carpenter's work on the functions of the nervous system. This is an attempt, by the most ingenious physiological writer of the present day, to systematize the mental phenomena that take place in connection with the body, by following out to its last result the principle of Bell, through all the modifications it has received at the hands of Marshall Hall and other British physiologists. That he has not succeeded in introducing order in the midst of so great confusion, is not so much his fault, as it is the fault of his leading idea ; for that being without foundation, nothing with a stable foundation can be built upon it. With all respect for the character and abilities of this author, as shown in other parts of his work, it is due to truth to say, that he has here confounded in one heterogeneous mixture the properties of matter and mind ; that he has, as it were, *knocked into pie* the facts of observation along with the facts of consciousness ; that he eliminates nothing clearly and conclusively ; that he clips and trims his facts to suit the ends he has in view, instead of presenting them in their natural relations ; that his definitions half cover what they are thrown over ; that he does not even appreciate the nature of sensation or consciousness ; that he makes assertions and assumptions without the least foundation ; that his show of reasoning is but a play upon words ; in short, that the proper title for his work is, instead of the functions of the nervous system, " So much of the physiology of the nervous system as can be explained by the terms reflex, automatic, excitomotor, sensori-motor, mind-force, nerve-force, &c." To call it *jargon*, would be to use a harsh expression ; and yet it would only anticipate the verdict of posterity. The dedication of his work on comparative physiology to Sir John F. W. Herschell was a mark of gratitude for the benefits he derived from the study of his exposition of the modern method of philosophizing, and here in his human physiology we have demonstrated how much reason he had to be grateful. Nor does he stand alone in his glory. When we consider the great popularity of this work on both sides of the Atlantic—the almost universal laudation it has met with from all branches of the profession, we never need fear the loss of the sneers and sarcasms that have been bestowed by this age on the schoolmen, for their abuse of the *Organon* of Aristotle. Ages to come will render them back with accumulated interest, to mark their sense of the treatment the *Organum* of Bacon has received in the house of those who style themselves *par excellence* its friends.

The immortality of the work itself is doubtless secure. As an exponent of the prevailing ideas on this subject, it will be handed down as a literary curiosity. It will be a standing monument of misspent ingenuity, and (contradictory as the statement may appear) of the extreme absurdity to which the human mind can be carried by its *vis inertiae*, when an impulse is once given to it in a wrong direction.

B. H.

NOTE.—At p. 351 the name McDowell was incorrectly inserted for that of Dr. Dowler.

## CASE OF POISONING BY CANTHARIDES.

(Read before the Boston Society for Medical Improvement, by C. D. HOMANS, M.D.)

THE following account was communicated to me in a letter from Dr. C. H. Hildreth, of Gloucester, Mass.

On the 27th of October, at 2, A.M., was called to a patient giving the annexed history and presenting the symptoms enumerated below :—

Early in the preceding evening he applied at an apothecary's and purchased about 5 ss. of a powder supposed to be the *pulvis aloes cum canella* of the pharmacopœia, known among the vulgar as *picra*, or, as usually pronounced, *pikery*. The medicine was delivered by a boy in attendance. The patient put the powder into a bottle, added to it a tablespoonful of gin, and shaking the mixture took two spoonfuls, his usual dose for the relief of the irritation of ascarides, from which he was then suffering. He slept as well as usual until 12 o'clock, when he awoke with a severe pain in the lower part of the abdomen, thence extending into the lumbar region, but most intense just above the pubis. This rapidly increased to an alarming degree, and in the course of two hours, at the expiration of which time I saw him, became almost unendurable, although the patient was a man of much fortitude. There was some nausea, but no pain in the stomach, or indeed anywhere except as above mentioned.

Upon examination of the mixture which he had taken, the supposed *picra* proved to be powdered cantharides. Free emesis was immediately produced by the exhibition of the sulphate of zinc and copious dilution with warm water. He vomited several times, the powdered flies being expelled at every repetition of vomiting, but the pain in the abdomen was not in the least relieved. I therefore directed large injections of warm water, frequently repeated, and administered ten grains of camphor and one grain of sulphate of morphine, which dose I repeated every half hour until four doses had been taken, by which time great relief was experienced, and I left the patient.

Three hours after, I saw him again. He had passed water freely; urine natural, and without any trace of blood; had suffered from priapism to an inconvenient extent for a short time, but it had now entirely subsided. Patient was sitting up; the pain was very slight, nor did it again recur. Had suffered no inconvenience from the large doses of morphine.

Four days after, I saw him again. He then complained of pain in all his joints, especially in the knees; his eyes were inflamed and painful. Upon examination, slight effusion was apparent in the knee joints, and some inflammation of the sclerotic, which yielded to simple remedies, or more probably subsided spontaneously. Perspiration emitted a strong cantharidal odor, especially in the axillæ. Ten days after, he was able to resume his work.

There are some points of interest in this case, among which may be noticed—

1st. The length of time, viz., about four hours, which elapsed before any perceptible effect was produced by the cantharides. Is not this analogous to the results of its external application?

2. The apparent want of action upon the stomach, so far as can be inferred from the absence of symptoms.

3. The large quantity of morphine taken without producing narcotism. This, however, is sufficiently often observed in painful diseases of all kinds.

The exact quantity of cantharides actually taken into the stomach, it is of course impossible to estimate. The superstratum of liquid in the bottle containing the mixture, is about one third of the whole contents. The same proportion would undoubtedly apply to any portion of the mixture after having been shaken up. The quality of the drug is equally uncertain; it was the remainder of a stock that had been on hand for a considerable period, but still retained vesicatory power. The patient had eaten a very light supper before taking the cantharides—a cup of tea and a piece of bread only.

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### Hospital Reports.

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#### MASSACHUSETTS GENERAL HOSPITAL.

*Compound Fracture of the Skull.*—(Under Dr. CABOT. Reported by ANSON P. HOOKER, House-surgeon.) Feb. 3d, 1855, John Glynn, aged 3, fell from a stair-case outside a building, nearly sixteen feet high, striking his head upon some ice. The skull is fractured, with considerable depression and much comminution. There is a fracture above the right mastoid process of temporal bone, extending across vertex to left frontal prominence. Another fracture exists on the crown of head, radiating forward and backward.

Dr. CABOT, after examining the patient, made a crucial incision over the fracture, above the mastoid process, which was followed by a gush of blood and cerebral matter. The scalp and pericranium were very much raised by effusion of blood under them. The eyes were closed, lids swollen. The patient continually tossing himself about, but apparently unconscious. After the wound was washed, a fragment of bone, about half an inch square, which was discovered depressed into the brain, was removed. The depressed portions were raised by the elevator and fingers. Cold-water dressings were applied. At this time the pulse became very feeble; it grew stronger during the afternoon and evening.

Feb. 4th.—Patient having rallied considerably, was etherized, and Dr. CABOT made a crucial incision over the left side of the scalp, nearly opposite the first incision, which bled very freely; two or three vessels were tied. A firm clot was removed from under the pericranium, which was dissected up by it. Dr. C. then made another incision upon the vertex, under which was found a fracture extending to the one first mentioned; the whole anterior part of which was depressed. A screw elevator being introduced between the fragments of the bones, the depressed portions were raised by the elevator and fingers.

5th.—Patient slept somewhat during the night. Pulse at times grew very feeble, then rose again. Has spoken this morning. In the afternoon he had every appearance of dying; subsultus, &c. Took during the day brandy and milk. Had an enema which operated freely.

6th.—Is better than yesterday. Has a stronger pulse and more natural appearance. His right eye, the lid of which is less swollen than that of the left, is open. He appears to recognize people in the room. Will put out his tongue when directed. He was ordered two grains of calomel, thrice to-day; and gruel with milk.

7th.—About the same as yesterday. Slept well last night, and had a natural dejection. Continue treatment of yesterday.

8th.—Looks brighter. Left eye partially open. May have some beef tea for dinner.

9th. About the same as yesterday. Omit R. of 6th. Dressings were removed; pus escaped. Fungus cerebri was seen protruding. Apply yeast poultice.

10th.—No perceptible difference in patient. Has had no dejection since the 8th. A grain of calomel thrice to-day. Apply burnt alum to the fungus.

14th.—Patient continued in the same state till this A.M., when he began to grow feeble, sighing continually. Does not take food readily, which he has done since the 5th.

15th.—Pulse very small; is evidently failing. P. M.—Died this afternoon, about 4 o'clock. No examination allowed.

*Cases of Phthisis treated by Fusel Oil. Increase of Weight.*—(Under Dr. D. H. STORER. Reported by HENRY K. OLIVER, Jr., House Physician.)—June 10, 1854, Margaret F., æt. 24, a domestic, reports that she has had haemoptysis eight months previous to entrance, and cough up to the present time. Has lost much flesh. On examination of chest, bronchial respiration with increased resonance of voice are noticed over right scapula; same results under right clavicle. There is dulness on percussion, and deficiency of respiration over left scapula. R. Alcohol. amylici, gtt. iv., after each meal. House diet.

14th.—Weighs 110 lbs.

July 13th.—Increase oil to gtt. v.

24th.—Has gained 6 lbs. since entrance.

Aug. 15th.—Increase oil to gtt. vi.

20th.—Has gained 2 lbs. since 24th ult.

Oct. 6th.—Dry râle under left clavicle, and over left upper back, with diminished resonance. Bronchial respiration and occasional râle in right supra-spinous fossa.

11th.—Weighs 124½ lbs.

Nov. 8th.—Weighs 125 lbs.

Jan. 1st, 1855.—Has gained 5 lbs. during the last 4 or 5 weeks. Discharged relieved. Increase of weight in 7 months, 20 lbs.

**CASE II.**—Ann N. N., æt. 16. (Under Dr. GEORGE C. SHATTUCK.)—May 31st, 1854.—Has had cough for 5 months. No hemoptysis. Has lost a little flesh. There is dulness and want of elasticity under left clavicle. The respiration is feeble, rude, blowing; expiration prolonged, with occasional sub-crepitous râle at the end of inspiration. R. Ol. morrh., 3ij. in ale—ter. die. House diet.

June 7th.—Increase oil to 3ss.

July 5th.—Nauseated by oil. Omit it. **R.** Alcohol. amylici, gtt. v. ter. die.

Aug. 11th.—Has gained 3 lbs. during the last 3 weeks.

Oct. 11th.—Resonance diminished in left supra-spinous fossa. Respiration vesicular and free from rale. Diminished resonance and occasional sub-crepitant rale, with feeble respiration under left clavicle. Respiration perhaps a little rude over right upper chest. Weighed, yesterday, 103 lbs.—a gain of 5 lbs. since 12th August.

Oct. 25th.—Has gained  $2\frac{1}{2}$  lbs. since last record. Is taking gtt. vi. of **R.** of July 5th. Gain in 3 months,  $10\frac{1}{2}$  lbs.

Jan. 20th, 1855.—Discharged, relieved. No record of weight, however, was made after Oct. 25th. Her condition on Dec. 17th, is reported as follows:—Improving for last month. Digestive, menstrual and renal functions, well. Not more than half as much cough as at entrance. On auscultation and percussion, the only sign is a slight difference of pitch in favor of right summit, front and back. Respiratory murmur is a little obscure in same parts on the left. Dry crackling on coughing.

Feb. 22d.—Patient came in to-day, and reported weight, at discharge, 106 lbs. Weighs now  $108\frac{1}{2}$  lbs. Has been continuing fusel oil out of the Hospital.

*Catamenial Obstruction.*—(Under Dr. H. I. Bowditch.)—Jan. 2d, 1855.—Catherine R., at 29, a seamstress, took cold 2 months ago, while menstruating. The menses were not suppressed, and have continued regular. She had a feverish attack, lasting a number of days, with trouble in the head, more or less annoying, since. On 25th ult. she went to bed with severe headache and much languor. Attempted to go to church next day, and was seized with nausea and vomiting. Has been in bed since, with severe headache, some buzzing in ears, and general feeling of weakness. Now, head quite hot; rest of surface natural. Dull pain through hips; appetite poor; much thirst; urine high-colored; pulse 90, not unusually full.

3d.—Headache; nausea; countenance dull; pulse 84; skin natural; tongue moist, with thin coat; abdomen a little tense, but not full.

From last date to Jan. 13th, patient obtained temporary relief from time to time, under local and general bleeding, refrigerants, and saline cathartics; but the trouble in head and bowels invariably returned.

On Jan. 13th, the following record was made:—Yesterday morning, two small clots came from vagina, with a little "show." This was followed by relief from much pain which she had suffered during the night. Reports "quite well" to-day. No pain any where. Wishes to get up. Feels better than since arrival in this country, two years ago. Menses present; more natural than for months past. Discharged well.

### Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE SOCIETY FOR MEDICAL OBSERVATION. BY R. M. HODGES, M.D., SECRETARY.

*Fatal Case of Tetanus.*—Dr. PARKMAN related the case as occurring in a boy whose hand was crushed between two ships. No bones were broken, but sloughing took place and a line of demarcation had formed. At the time of the accident a portion of muscle was squeezed out through the

wound, and this was snipped off with the scissors. On the eighth day after the accident, having previously done well, the boy got up and walked across the room; when he got into bed again he complained of pain in his back. The next day, when Dr. P. saw him, he was in a cold sweat, with a feeble pulse and locked teeth. Shortly after, on the same day, he began to have spasms, which continued till death ensued, 26 hours after the first symptoms were noticed. He was ordered, on their first appearance, opium gr. i. and brandy  $\frac{3}{4}$  i. every hour, with hot bottles and stimulants externally. This he took from 10 A.M. till 5 P.M. At that time the general symptoms were improved, but the spasms continued. The inhalation of ether until he was quiet, and then chloroform (on account of the lights about the bed) was then commenced, and administered up to the time of his death. This prevented the spasms, but they came on the moment its influence passed away. The respiration was tranquil; if there had been any irregularity in its performance, Dr. P. said he should have performed tracheotomy.

*Sudden formation of Cataract.*—Dr. CABOT mentioned the following instance. A girl, 16 years old, was operated upon by him for strabismus. The result of the operation was good, and the vision perfect for four days after. In the night of the fourth day she had great pain in her eye-ball, and woke up on the fifth day with well-marked cataract. She was of a serofulvous diathesis.

*Lemon Juice as a Sedative to the Pain caused by the passage of Biliary Calculi.*—Dr. BOWDITCH had used this with great success in a case under his care. Formerly the paroxysms of pain lasted a day or two; since its exhibition the patient has none at all. He supposed the action to be similar to that of the nitro-muriatic acid bath. The similarity between the symptoms of duodenitis and those of biliary calculi was remarked upon, and the relief which lemon juice causes in that disease was alluded to.

*Peculiar Effect of Chloroform.*—Dr. E. H. CLARKE mentioned this case, which occurred in the practice of another physician. A girl, 20 years old, inhaled chloroform for the purpose of having a tooth extracted. She recovered apparently from its influence, and walked home the distance of a quarter of a mile. Her conversation was however incoherent, and her gait unsteady. Soon after reaching home she became paralyzed, losing both sensation and the power of motion. The skin was cold and pale; respiration *saccadic* and the pulse feeble; no rigidity of the muscles. She came out of this state, and then became furiously insane, together with which were constipation and deficient secretion of urine. This condition of things lasted from a week to ten days, and then her usual health returned.

*Dilatation of the Aorta.*—Dr. MINOR exhibited a heart removed from a patient 50 years of age. She had had a distinct souffle with the second sound, ascites and anasarca. The heart was hypertrophied, the ventricular valves were perfectly sound; the aorta was much enlarged, and upon pouring water in, there was found an insufficiency in the aortic valves, which, though perfectly healthy, could not meet, owing to the degree of dilatation at their point of union with the arterial walls, so as to prevent the passage of the fluid. Dr. M. said that Dr. Ellis had communicated to the Society two similar cases, and that the fact was commented upon by Hope and Vallez. The actual coats in this instance were full of atheromatous deposit. The kidneys and liver were healthy. The case shows very clearly the importance of trying in all cases the experiment which revealed the deficiency.

*Clay-colored Fæces without deficiency in the Biliary Secretions.*—Dr. ELIS mentioned an instance where the discharges were clay-colored for some

time previous to death, and at the autopsy the faeces in the upper part of the intestine were yellow, and in the lower part white, showing that the secretions of the intestine are as necessary to give the natural faecal color as the bile itself. Dr. E. remarked upon the importance of this fact, as in such cases it is the liver that is always blamed, when very possibly it may be the intestines that are at fault.

*Closure of the Canal of the Cervix Uteri.*—Dr. BOWDITCH mentioned the case of a woman who came to him for inflammation of the tonsils. Finding that complete amenorrhœa had existed since her last confinement, six years previous, and that her labor at that time was accomplished by the aid of instruments, he examined per vaginam and found closure of the cervical canal of the uterus. Dilatation continued for two months produced gradual elongation of the canal, when suddenly, without warning or pain, her cata-menia re-appeared.

*Paracentesis Thoracis.*—Dr. BOWDITCH detailed a case of empyema operated upon ten times by paracentesis thoracis. Pregnancy had occurred during the course of the disease, without unfavorable symptoms. A valvular fistulous opening resulted after several evacuations of pus, which prevented its free exit, and the accumulation then endeavored to discharge itself from an abscess which pointed between the second and third ribs. Seeing this, Dr. B. determined to establish a permanent opening, which he did by puncturing with a large trocar as low down as practicable. The fistulous opening then closed, and the abscess subsided. Through this puncture he injected at various times the liq. iodini comp. 3j., at first diluted, subsequently pure. The lung gradually came up, and the heart returned to its normal position. The disturbance of this organ brought on some trouble in the side opposite to the affected one, and a friction sound was detected, but the symptoms passed off without any particular inconvenience to the patient, who was able at this time to resume the performance of her household duties. The large trocar remained in three weeks, and then a smaller one was substituted. This last was accidentally displaced by a fit of coughing, but was not reinserted, and since then there had been no discharge of pus. Dr. Bowditch considered the treatment to have preserved her from immediate impending death, and to have warded off tubercular disease, which his experience led him to believe would almost inevitably have ensued, had a fistulous opening been allowed to form so high up as between the second and third ribs.

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**THE BOSTON MEDICAL AND SURGICAL JOURNAL.**

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**BOSTON, MARCH 1, 1855.**

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**ACCIDENTAL POISONING.**

A FATAL case of poisoning, by means of stramonium, occurred a few days since in Oak street, in this city. If the newspaper accounts are correct, the accident was caused by a quantity of the drug being taken instead of thoroughwort, and made into an infusion with boiling water, which was administered to two persons suffering from colds. One of these patients, an old lady upwards of 70, died from the effects of the narcotic. We met with a similar instance some years ago. A family consisting of five or six persons dined one Sunday on roast pork. In the afternoon all those who

had eaten of the dish were attacked with nausea, pain and stertorous breathing. An active emetic soon relieved them of all dangerous symptoms. It was afterwards discovered that a quantity of powdered stramonium leaves, which the father of the family was in the habit of smoking on account of asthma, had been carelessly left in a cupboard in a paper, and was used by one of his daughters to stuff the meat with, instead of sage. Facts like these are more common than we are apt to suppose, and show the importance of precaution in keeping such dangerous articles about one's house. Yet almost every house has poison enough in it to kill all the inmates, and often it is carelessly left about, within reach of children or ignorant domestics. Fly poison; rat, bug and cockroach poison; to say nothing of active medicines, may easily give rise to accidents similar to those described above. A few weeks since a child took, on an empty stomach, a dessert spoonful of laudanum, administered by mistake instead of tincture of rhubarb. Fortunately, by active treatment the child was saved. If the vial containing the laudanum had been different in its shape, color, label, &c., from other bottles containing medicine, the accident would never have happened. Our object in making these remarks is to enjoin physicians to warn the families among whom they visit, against the danger of leaving poisonous substances within the reach of ignorant or careless persons.

#### INFORMATION TO SUBSCRIBERS.

"A SUBSCRIBER" complains that no notice has appeared in the Journal of the circumstances attending the death of Dr. Samuel Parkman, "whom many physicians scattered about the country learned to respect, if not to love." In reply, we would state that the lamented death of Dr. Parkman occurred before we assumed the editorship of the Journal. Had it taken place at a later period, we should have been glad to add our own humble tribute to the many testimonials which have been published of the virtues which adorned his private character, and of his great professional excellence. His disease was typhoid fever, from which he sank, after a few weeks of severe suffering.

The same writer also suggests that if advertisers in the Journal would state the prices of the articles they offer for sale, it would be a great convenience to country physicians. In this we cordially agree, and would add, also, our conviction that booksellers, druggists and others would find their trade greatly increased by adopting this plan. We are always willing to state the prices of books in our notices of them, when desired or permitted to do so by the publishers; but in some instances this is objected to, and in others no information is given us about it. If Dr. Holmes's pamphlet on puerperal fever were advertised for sale at twenty-five cents, we feel sure that a large number of "subscribers" would be glad to order a copy.

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#### Bibliographical Notices.

*The Non-malignant Diseases of the Uterus.* An Essay which obtained the Boylston Prize for 1854. By GEORGE H. LYMAN, M.D. Boston: Ticknor and Fields. 1854. Pp. 76.

This Essay has made its appearance at an opportune moment. The importance of certain changes in the cervix uteri, as the cause of a host of painful and obstinate symptoms, has been urged with all the power of eloquence, reasoning, and we might almost say, of demonstration, by a number of eminent observers. On the other hand, it has

been said that the connection between the local and general symptoms was exaggerated, and even that in many instances the natural appearances of the mucous membrane of the os uteri were taken for a diseased condition. Among the former are Dr. J. H. Bennett, Dr. Simpson and Dr. Tyler Smith; in the latter class are ranged Dr. Ashwell, Dr. Lee and Dr. Charles West. Dr. Lyman believes "that these diseases are much more frequent than members of the profession are willing to allow; that when present they are the cause of extensive derangement of the general health; and that the local treatment is the only successful one in the vast majority of cases." The Essay is carefully written, and forms an interesting monograph on the subject. Although "it professes to be nothing more than a concise sketch of those non-malignant diseases of the uterus which are most frequently met with, and of their surgical treatment, as described and advocated by many distinguished modern writers," the author has frequent occasion to refer to his own experience in his descriptions of the lesions, and of the effect of remedies. This is particularly the case with regard to local applications to the cervix. The author passes in review the different methods employed, and describes those which he has found most beneficial. His remarks are sensible and judicious, and will be found of service to those who are embarrassed by the large choice of remedies. We recommend the work as a valuable aid to all physicians who are called upon to treat this intractable class of maladies.

*Principles and Practice of Obstetric Medicine and Surgery.* By FRANCIS H. RAMSBOTHAM, M.D. With Notes and Additions by WILLIAM V. KEATING, M.D. Philad. : Blanchard & Lea. 1855. Pp. 648.

This standard work on obstetrics requires no recommendation from us. The united voice of the profession has long since pronounced it to be one of the most complete and best on the subject in the English language. The present edition possesses unusual attractions. It is edited by Dr. Ramsbotham himself, who pays a compliment to the profession in the United States by dedicating it to Dr. Meigs. Considerable additions to the work are made by Dr. Keating, the American editor. We have only had time to read those on the employment of anæsthetics, and on puerperal fever, and from them we judge favorably of the rest. An appendix contains much historical, statistical and other information. The printing is excellent, and the illustrations are abundant and beautifully executed. Finally, a copious index adds much to the convenience of the work. For sale in Boston by W. D. Ticknor & Co.

*What to Observe in Medical Cases.* Published under the authority of the London Medical Society of Observation. Second Edition. Philadelphia : Blanchard & Lea. 1855. Pp. 228.

That this invaluable manual of the art of observation should have reached a second edition in this country, speaks well for the condition and prospects of medicine among us. The new edition is improved and enlarged by a section on Treatment. The American re-print is beautifully executed, and will, no doubt, meet with a ready sale. It is to be had in Boston of W. D. Ticknor & Co.

#### NOTICES.

The following communications are received: On *Polypus of the Womb*, by Walter Channing, M.D. (will appear in our next); a Case of *Membranous Croup*, in which *Tracheotomy* was performed, with successful results; on *Mercury*, by E. S.; a notice of the late Dr. J. C. Cochran, of New Orleans; an Account of the *Choleraic Epidemic* in the Massachusetts State Prison—a letter to Dr. Bowditch from Dr. W. B. Morris, Physician to the Prison—(we hope to find room for this paper next week); *Carbonic Acid, or Soda Water*.

The following pamphlets have been received: Report by the City Registrar of the Births, Marriages and Deaths in the City of Boston, for the year 1855.—Report of the Trustees of the Massachusetts General Hospital.

*Deaths in Boston* for the week ending Saturday noon, Feb 24th, 75. Males, 41—females, 34.

Apoplexy, 1—Inflammation of the brain, 1—disease of the brain, 1—bronchitis, 1—consumption, 14—convulsions, 5—croup, 2—cancer, 1—dropsy, 1—dropsy in the head, 2—infantile diseases, 6—puerperal, 1—erysipelas, 2—typhoid fever, 1—scarlet fever, 1—gout, 1—hooping cough, 3—disease of the heart, 1—intemperance, 1—Inflammation of the lungs, 9—congestion of the lungs, 3—measles, 1—old age, 1—pleurisy, 1—premature birth, 1—poison (accidental), 1—smallpox, 5—rheumatism, 1—teething, 4—suicide, 1—disease of the spine, 1.

Under 5 years, 32—between 5 and 20 years, 10—between 20 and 40 years, 19—between 40 and 60 years, 6—above 60 years, 8. Born in the United States, 59—British Provinces, 2—Ireland, 13—Germany, 1.

*Dr. S. L. Bigelow, of Paris.*—The following is an extract of a letter from a Bostonian now residing in Paris, to a friend in Boston:—“Dr. Bigelow is acquiring a great reputation here, to which his learning and success richly entitle him. You may be sure all the resident Americans are aware of, and rejoice in this; but those coming temporarily may not know of him. Therefore, as one of the many, grateful for his skill, I beg you will give publicity to his position here, as a physician, and his place of residence, which is *Rue de la Paix.*” H.

*Coroner's Verdict in a Dispensary Case.*—A woman about to be confined in New York, on the 18th inst., sent to the “Demilt Dispensary” for a physician. She died from rupture of the womb. The affair was rigidly investigated by Coroner O'Donnell, and his deputy, Dr. O'Haulon, and the verdict was to the effect that the attending physician was “incompetent as an obstetrician, and that it was culpable in the superintending physician to send a young and inexperienced man to attend the deceased.” The jury also recommended that the proper authorities should cause the Dispensary to discontinue such practice. We extract the foregoing from the N. Y. Daily Times, whose brief account of the affair hardly justifies such a verdict.

*How they Check Quackery in France.*—A man was lately tried at the Assizes of Ain, for illegally acting as a medical man, and exciting an uproar in the district. It appeared, when the cholera was raging, this man presented himself, and declared he had an infallible remedy for the disease. The people at last refused positively to accept aid from the properly qualified practitioners. Every patient the prisoner treated, died. The jury found him guilty, and the court condemned him to a year's imprisonment and 500 francs fine.—*Lancet*, Feb. 1855.

[A most righteous verdict! In a less pretentious style, we have many an adventurer among us for whom the same, or even a heavier sentence, would be “a reward of merit.”—*Editors.*]

*New Remedies.*—At the London Hospital a case of syphilitic warts has improved under a lotion of decoction of tormentilla.

A case of fracture, ununited for four months, probably from effects of scorbutic disease, improving under use of lemon juice.

Equal parts of collodion and per-chloride of iron,—collodion, Venice turpentine and castor oil, as impenetrable coverings for the cure of local inflammation, are spoken about.

A watery extract of belladonna is used in Italy instead of secale cornutum, for producing relaxation of the os uteri; it is said to act in the same way, not by paralyzing the muscular fibres, but by stimulating them, a function denied to secale in that country.—*Lancet*, Feb. 1855.

*Fecundation.*—Dr. Martin Barry has repeated all his former experiments as to the ovum, and though denied by Bischoff, Wagner, and various other Germans, the English physiologist proves to have been true from the beginning. He has recently shown spermatozoa in large numbers in the body of the ovum.—*Lancet*.

*Smallpox among United States Troops.*—It is stated that four cases of smallpox have occurred among the U. S. troops at Newport Barracks, St. Louis, Mo.

*Industrial Pathology.*—Amongst the facts of this interesting study, we find there are a quarter of a million of the population living constantly underground in the darkness of mines. The average age of Sheffield workmen is thirty-five years; the average age of the “dry grinders” of needles very much under this figure. The chief disease amongst tailors is fistula; amongst bakers, scrofula and skin diseases; the latter are advised to rub their hands with oil, to prevent the flour insect and weevils from irritating the skin. Tallow-melters' hands, it is said, are remarkably soft. The most dangerous part of the painter's trade is “flattening,” white lead, turpentine, and closely-heated rooms, generating colic: the remedy is sulphuric acid, cleanliness, tubs of water, and fresh air; and, as an antidote, the more frequent use of “white zinc” or “zinc lead.” Pegged boots are superseding stitched, and relieving shoemakers of their sitting position. In the manufacture of lucifer-matches, heated or allotropic phosphorus is said to be not so dangerous to the jaw-bones as ordinary phosphorus.—*London Lancet*.